

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

29384

1. PLACE OF DEATH
 County St. Louis Registration District No. 1120 File No. _____
 Township _____ Primary Registration District No. 6288 Registered No. 210
 City Rehoboth Hts. St. Marie Hosp. St. _____ Ward) _____

2. FULL NAME Margaret S. Ennis
 (a) Residence, No. 5351 Vernond. Ward. _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James L. Ennis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 27, 1935</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>6</u>
	DAYS <u>20</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>466 Concinnosy signmaking</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
	11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lexington Mo.</u>		
FATHER	13. NAME <u>Charles C. Carroll</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Mary Ann Fitzpatrick</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
17. INFORMANT <u>Daniel B. Carroll</u> (ADDRESS) <u>5351 Vernond</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellefontaine</u> DATE <u>Aug 18th, 1931</u>		
19. UNDERTAKER <u>A. R. Pustow, & Sons</u> (ADDRESS) <u># 4449 Olive Street</u>		
20. FILED <u>8/18</u> , 19 <u>31</u> <u>G. K. Swan</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/16, 1931

22. I HEREBY CERTIFY, That I attended deceased from 7/30, 1931, to 8/16, 1931
 I last saw him alive on 8/15, 1931. Death is said to have occurred on the date stated above, at 8:40 a.m.
 The principal cause of death and related causes of importance were as follows:
Concinnosy signmaking 1929
466
 Other contributory causes of importance:
Inlet - Arterio sclerosis

Name of operation Culdocomy Date of 8/7/31
 What test confirmed diagnosis? af Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. O. Kelly, M. D.
 (Address) Unity Club

Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
 F DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
 25 1931

Dr Albert Homel
#1460 So. Grand, Blvd.
Grand #0995.